

INSTRUCTIONS FOR DEVELOPING THE MANDATED PROGRAM SERVICES FORM FOR DISEASE PREVENTION AND HEALTH PROMOTION PROGRAM

Please use the following instructions to complete the electronic *Mandated Program Services* form. The worksheet has been protected to preclude changes to key fields/cells except for designated areas which shall be completed by the Contractor. The form automatically performs all necessary calculations and validations. Please note: Contractor shall complete the applicable sections in order to accurately reflect the Services to be provided for the Fiscal Year. When working with calculations, any additional information other than whole number will often create mathematical variances therefore, **please refrain from using formulas or decimals.**

PART I - MANDATED PROGRAM SERVICES (MPS) FOR DISEASE PREVENTION AND HEALTH PROMOTION PROGRAM SERVICES (DPHP)

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Cover Sheet: Please provide all requested information as indicated in the [blue font](#). Once the Fiscal Year, Contractor's Legal Name, and Contract Number have been entered as indicated, the information will automatically generate on all pages of the workbook.

1. **Enter the Fiscal Year:** Enter the Fiscal Year of 2016-2017 onto the appropriate line at the top of the page.
2. **Enter Contractor's Legal Name:** Enter Contractor's full legal name onto the appropriate line at the top of the page and do not abbreviate. The name listed must match the name on the Articles of Incorporation, Business License, Charter, or By-Laws.
3. **Enter Contract Number:** Enter the Contract Number onto the appropriate line at the top of the page. Please reflect the Contract Number as it is noted on the Contractor DPHP award letter.
4. **Main Administrative Office Address:** Enter the address of the authorized signatory onto the appropriate line as indicated.
5. **City/Zip Code/Fax Number:** Enter the City, Zip Code, and Fax Number on the appropriate line as indicated. The State information has already been provided on the form and cannot be changed.
6. **Mailing Address:** This address should be entered if the Main Administrative Address and Mailing Address are different. If the Main Administrative office and

the Mailing Address are the same, please delete the default (blue font) language and include "Same As Above" on the mailing address line.

7. **Prefix:** Enter the appropriate prefix.
8. **Official Authorized to Sign for the Contractor:** Enter the administrator authorized through the board resolution to sign on the appropriate line as indicated. A board resolution will be required prior to contract execution.
9. **Job Title:** Enter the title of the authorized signatory. Please abbreviate the job title if the title does not fit in the cell.
10. **Phone Number/Ext.:** Enter the phone number and extension of the contact. Note: For the phone number, enter only numbers with no spaces, hyphens, parenthesis or any additional characters (i.e., 2223334444).
11. **E-Mail Address:** Enter the email address of the Official Authorized to Sign for Contractor.
12. **Prefix:** Enter the appropriate prefix for the Primary/Secondary Contact.
13. **Primary/Secondary Contact for Program:** CSS will only contact the Secondary Contact in cases where the authorized signatory is not available.
14. **Job Title:** Enter the title of the Primary/Secondary Contact. Please abbreviate the job title if the title does not fit in the cell. This person is considered the Project Manager (see Exhibit A (Statement of Work) Section 6.3 (Project Manager). County will only contact the secondary contact in cases where the authorized signatory is not available.
15. **Phone Number/Ext.:** Enter the phone number and extension of the Primary/Secondary Contact. Note: For the phone number, enter only numbers with no spaces, hyphens, parenthesis or any additional characters (i.e., 2223334444).
16. **E-Mail Address:** Enter the email address of the Primary/Secondary Contact.

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Site Summary: Complete the information requested for **each** Disease Prevention and Health Promotion Site by providing the following:

NOTE: This information may be utilized for public use (e.g., directories, website, and brochures).

1. **Site Name:** Enter the Site name. Abbreviate if necessary.
2. **Sup. District (Supervisory District):** Indicate in which of the five (5) Los Angeles County Supervisorial Districts the Site is located.
3. **Site Address:** Provide the address of the physical location.
4. **Public Phone Number:** Enter the telephone number that clients may use to contact staff at the Site.
5. **Site Manager/Phone Number:** Provide the full name of the Site's Manager as well as his/her direct telephone number.
6. **Hours of Operation:** Enter the hours the Site is open for Services under the appropriate column according to the days of the week (Monday through Friday [M-F], Saturday [Sat] and/or Sunday [Sun]. For example, if the Contractor intends to provide Services on Monday, Wednesday, Friday, Saturday, and Sunday, then data would be entered as follows: Under column 'M-F' enter: Mon, Wed & Fri – 12 pm – 3 pm & 5 pm – 8 pm; (2) Under Column 'Sat' enter 12 pm – 3 pm & 5 pm – 8 pm; and, (3) under Column 'Sun' enter 12 pm – 3 pm & 5 pm – 8 pm.

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Site Summary (Con't): If needed, please use this page as a continuation of page 2.

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Service Unit Summary: Provide the requested information for all five (5) Supervisorial Districts as indicated. Please note this information may be for public use.

1. **Number of Unduplicated Clients:** Indicate the Number of Unduplicated Clients for each Supervisorial District for the Fiscal Year of 2016-2017.
2. **Number of Contacts:** Indicate the Number of Contacts Contractor plans to serve for each Supervisorial District for the Fiscal Year of 2016-2017. Enter the Costs to provide the Contacts for each Supervisorial District for the Fiscal Year of 2016-2017. The cells will calculate the average costs per unit for each Supervisorial District. Please review Section 2.1.2 (DPHP Service Delivery) of the 2016-2020 DPHP Request for Proposals (RFP) to see the Estimated Funding and Availability of DPHP Monies and the Estimated Annual Program Contacts for the DPHP Program.

Once the Contacts and Costs for each Supervisorial District have been entered into the form, the form will calculate the average cost of service for each Supervisorial District.

Monthly Services: Provide the requested information for all five (5) Supervisorial Districts as indicated. Please note this information may be for public use.

- 1. Number of Contacts:** Indicate the Number of Contacts Contractor plans to serve for each month of the 2016-2017 Fiscal Year.
- 2. Number of Unduplicated Clients:** Indicate the Number of Unduplicated Clients for each Supervisorial District for each month for the Fiscal Year of 2016-2017 that Contractor plans to serve.